

# Long-Term Care Program Options For Wisconsin's Children

March 2006

1. Program Description	Full Program Name	State Statutory Authority	Target Population	Entitlement (Y/N)?	Statewide or Demo Site(s)?	Consumer Entry Point(s)	Program Summary
<i>Non-institutional Medicaid (Medicaid Fee-for-Service or Card Services, including Katie Beckett Program)</i>	Medicaid Fee-for-Service Benefits	S. 49.46	Children in low-income households, and/or children with disabilities with significant needs that cannot be addressed in a home setting.	Yes	Statewide	<p>For enrollment: County Human Service Departments, County Outreach Centers, tribal agencies or automatic coverage for anyone who receives cash assistance under SSI.</p> <p>For the Katie Beckett Program, contact Katie Beckett Program Consultant.</p> <p>Services are provided by Medicaid-certified providers.</p>	<p>Medicaid covers medically necessary acute and long-term care services. Federal regulations define the specific services provided. Beyond the federally required services, Wisconsin covers all the "optional" services allowed by federal law. Wisconsin Medicaid service coverage is extensive.</p> <p>The Katie Beckett Program is a special Medicaid eligibility process that allows certain children with long-term disabilities or complex medical needs, living at home with their families, to obtain a Wisconsin Medicaid card.</p>
<i>Family Support Program</i>	Family Support Program	s. 46.985	Families are eligible if they have a child with a severe disability, under the age of 21, and living at home.	No	Statewide	DSS, DHS, DCP or sub-contractor	<p>100% State GPR Program—The Family Support Program provides individual services and support to families that include a child with severe disabilities. The Program offers: Information and help in finding services and maximizing community resources, limited funding to buy needed services and goods that can't be bought through other sources, and help in linking families with other families to strengthen natural supports.</p>
<i>CLTS</i>	Children's Long-Term Support Waivers	2001 Wisconsin Act 16, section 9123 (16rs); 2003 Wisconsin Act 33, section 9124 (8c)	Children with developmental, mental health, or physical disabilities up to age 22	No	Statewide	DSS, DHS, DCP or sub-contractor	A Medicaid-funded (county, state and federal) program designed to provide LTC assessments, care plans and community services to children who meet functional and financial eligibility criteria. Participants must be Medicaid eligible.
<i>CIP-1A</i>	Community Integration Program-1A	s. 46.275	Developmentally disabled of any age, who reside or would enter a State Center without this program.	No	Statewide	DCP or DHS	A Medicaid-funded (state and federal) program designed to provide community services to persons who are relocated or diverted from the DD Centers. Participants must be Medicaid eligible.
<i>CIP-1B</i>	Community Integration Program-1B	s. 46.278	Developmentally disabled, of any age, who are diverted or relocated from non-Center ICF-MR & certain NH beds.	No	Statewide	DCP or DHS	A Medicaid-funded (state and federal) program designed to provide LTC assessments, care plans and community services to persons who are relocated or diverted from ICFs-MR other than DD Centers. Participants must be Medicaid eligible.
<i>BI Waiver</i>	Brain Injury Waiver	s. 46.278 s. 51.01 (2g)	Adults and Children who meet the definition of brain injury in s.51.01 (2g)(a) and are diverted/relocated from NH or hospital units designated for brain injury rehabilitation.	No	Statewide	DCP or DHS	A Medicaid funded (state and federal) program designed to provide home and community based services for people with brain injuries who need significant supports.
<i>COP</i>	Community Options Program	s. 46.27	Frail elderly; persons w/ physical disabilities, severe & chronic mental illness, developmental disabilities, or with alcohol or drug abuse problems.	No	Statewide	DSS, DHS, DCP or sub-contractor	A 100% state GPR funded program designed to provide LTC assessments, care plans and community services as an alternative to NH placement. Need not be Medicaid eligible.

1. Program Description, cont'd	Full Program Name	State Statutory Authority	Target Population	Entitlement (Y/N)?	Statewide or Demo Site(s)?	Consumer Entry Point(s)	Program Summary
COP-W	Community Options Program-Waiver	s. 46.27 (11)	Frail elderly; physically disabled adults	No	Statewide, except Family Care counties	DSS, DHS, DCP or sub-contractor or Dept. of Aging	A Medicaid-funded (state and federal) program designed to provide and community services as an alternative to NH placement. Participants must be Medicaid eligible.
Institutional Medicaid	Institutional Medicaid	s. 49.498	Frail elderly; persons with a physical or developmental disability with significant needs that cannot be addressed in a home setting.	Yes	Statewide	DSS, DHS	Medicaid-funded benefits for people residing in medical institutions (nursing homes, hospitals, etc.) for 30 days or more. Coverage is limited to persons age 65 and over, or disabled, with significant long term care needs. Benefits include acute, primary and long-term care services.

2. Administration	Local	State	Federal
Non-institutional Medicaid (Medicaid Fee-for-Service or Card Services, including Katie Beckett Program)	County Human services and tribal agencies provide eligibility determination under State direction. Medicaid coverage is automatic for anyone who receives cash assistance under SSI. LTC benefits are provided by local providers.	*DHCF *DDES *BLTS– Katie Beckett Program	*CMS (formerly HCFA)
FSP	51, 42/437 Boards, DHS	DDES BLTS	None
CLTS	51, 42/437 Boards, DHS, Private Non-Profit	DDES BLTS	CMS
CIP-1A	51, 42/437 Boards, DHS	DDES BLTS	CMS
CIP-1B	51, 42/437 Boards, DHS	DDES BLTS	CMS
BI Waiver	51, 42/437 Boards, DHS	DDES BLTS	CMS
COP	COP Lead or Joint Leads; DHS, DSS, 51 Board, or County Aging; Oneida Tribe	DDES BLTS	None
COP-W	DHS, DSS, 51 Board, Joint Lead or County Aging; Oneida Tribe	DDES BLTS	CMS
Institutional MA	Private For-Profit, Private Non-Profit and Government	DHCF	CMS

\* CMS = Centers for Medicaid and Medicare Services  
\* DHCF = Division of Health Care Financing

\* DDES = Division of Disability and Elder Services  
\* BLTS = Bureau of Long-Term Support

3. Funding & Reimbursement	Primary Funding Source	Secondary Funding Source(s)	Fee-for-Service or Capitated Rate	Can Recipient of Services under this Program receive LTC Funded through other programs listed here?
Non-Institutional Medicaid (Medicaid Fee-for-Service or Card Services including Katie Beckett Program)	Approximately 60% Federal funding. Approximately 40% State funding.	Medicaid coordinates benefits with private health insurance and Medicare, since Medicaid is secondary to those payers.	Fee-for-service	Yes. Recipients may receive fee-for-service Medicaid benefits and also participate in the HBC waivers. The waivers “wrap around” Medicaid services. Recipients cannot receive fee-for-service benefits if enrolled in a managed care initiative, such as Family Care and/or Partnership.
Family Support Program (FSP)	State General Purpose Revenue	Medicaid (pays at 60% of the cost of assessment care plans and for care management for Medicaid eligibles on FSP.)	Fee-for-service Annual Plan	Yes. Recipients of FSP funded services may participate in CLTS, COP-W, CIP-1A, CIP-1B, or BI Waiver. FSP funds are sometimes used to match funding associated with these Medicaid HCBW waiver programs.
CLTS	Medicaid	For costs above the state/federal per diem, counties may contribute 40% (community aids, COP, FSP or local taxes) to access additional 60% federal match.	Fee-for-service Per diem	Yes. Local administrative agency may combine CLTS funds with FSP, COP, or other non federal funds to provide needed care; agencies may not, however, combine CLTS funds with any of the other waiver program funding sources listed here. Further, agencies may not use MA Case Mgmt funds to enhance a person’s CLTS funded services.
CIP-1A	Medicaid	For costs above the state/federal per diem, counties may contribute 40% (community aids, COP or local taxes) to access additional 60% federal match.	Fee-for-service Per diem	Yes. Local administrative agency may combine CIP-1A funds with COP funds to provide needed care; agencies may not, however, combine CIP-1A funds with any of the other waiver program funding sources listed here. Further, agencies may not use MA Case Mgmt funds to enhance a person’s CIP-1A funded services.
CIP-1B	Medicaid	For costs above the state/federal per diem, counties may contribute 40% (community aids, COP or local taxes) to access additional 60% federal match.	Fee-for-service Per diem	Yes. Local administrative agency may combine CIP-1B funds with COP funds to provide needed care; agencies may not, however, combine CIP-1B funds with any of the other waiver program funding sources listed here. Further, agencies may not use MA Case Mgmt funds to enhance a person’s CIP-1B funded services.

3. Funding & Reimbursement, Con'd	Primary Funding Source	Secondary Funding Source(s)	Fee-for-Service or Capitated Rate	Can Recipient of Services under this Program receive LTC Funded through other programs listed here?
BI Waiver (BIW)	Medicaid	For costs above the state/federal per diem, counties may contribute 40% (community aids, COP or local taxes) to access additional 60% federal match	Fee-for-service	Yes. Local administrative agency may combine BIW funds with COP funds to provide needed care; agencies may not, however, combine BIW funds with any of the other waiver program funding sources listed here. Further, agencies may not use MA Case Mgmt funds to enhance a person's BIW funded services.
COP	State General Purpose Revenue	Medicaid (pays at 60% of the cost of assessment care plans and for care management for Medicaid eligibles on COP.)	Fee-for-service	Yes. Recipients of COP funded services may participate in COP-W, CIP-1A, CIP-1B, CIP II, CSLA Waiver, or BI Waiver. COP funds are sometimes used to supplement funding associated with these Medicaid HCBW waiver programs.
COP-W	Medicaid	For costs above the state/federal per diem, counties may contribute 40% (community aids, COP or local taxes) to access additional 60% federal match. See below.	Fee-for-service Per diem	Yes. Local administrative agency may combine COP-W funds with COP funds to provide needed care; agencies may not, however, combine COP-W funds with any of the other program funding sources listed here. Further, agencies may not use MA Case Mgmt funds to enhance a person's COP-W funded services.
Institutional Medicaid	Medicaid	None.	Fee-for-service	No.

4. Eligibility	Non-financial eligibility	Functional eligibility	Cost sharing?	Spend down?	Asset Limit	State Approval of care plan required?
Non-Institutional Medicaid (Fee-for-Service or card services, including Katie Beckett Program).	Yes, based on federal requirements.	Not for overall eligibility or delivery of most services. All services must be medically necessary.  For Katie Beckett Program, child less than 19 years old and determined to be disabled by standards in the Social Security Act, requires a level of care at home that is typically provided in a hospital or nursing facility, and can be provided safe and appropriate care in the family home.	Medicaid co-payments on most, but not all, services. Co-pays do not apply to children under 18 years of age, and nursing home residents.	For people who do not currently meet the financial eligibility requirements, Medicaid has a deductible determined on a six-month basis. Potential eligibles can meet the deductible through prepay, incurring medical expenses or having unpaid medical bills not previously used to meet a Medicaid deductible.	There is no asset limit for "family Medicaid." SSI-related Medicaid has an asset limit of \$2,000 for a single person and \$3,000 for a couple.  For Katie Beckett Program, the child, as an individual, does not have income or assets in his or her name in excess of the current standards for a child living in an institution, and does not incur a cost at home to the Medicaid Program that exceeds the cost Medicaid would pay if the child were in an institution.	Not for overall eligibility or delivery of some services. Some services require prior authorization that includes review of the plan of care.
FSP	Yes, child lives at home and is under age 21.	Children's Functional Screen Eligibility	The Family Support Program Ability to Pay Fee System (sliding fee scale).	No.	No.	Yes.
CLTS	Medicaid non-financial eligibility	Children's Functional Screen Eligibility	The Children's Long-Term Support Parental Fee applies.	No.	No.	Yes.
COP	Medicaid non-financial eligibility; 180 day residency requirement.	Long-term Care Functional Screen.  COP Level 3 Eligibility.	Yes, if monthly combined resources (a combination of income and assets) exceed monthly allowances. The minimum monthly allowance for a COP participant who does not reside in substitute care is \$3,000.	No.	Resources (the combination of income and assets) cannot exceed \$34,120 over a six-month period. When spousal impoverishment protections apply, add the community spouse asset allowance to the \$34,120 amount.	No.

4. Eligibility, Cont'd	Non-financial eligibility	Functional eligibility	Cost sharing?	Spend down?	Asset Limit	State Approval of care plan required?
COP-W and CIP-II	Medicaid non-financial eligibility—except for 180 day residency requirement	Long-term Care Functional Screen Eligibility	Yes, if monthly income minus deductions is above \$783 but at or below \$1,809.	Yes, if gross monthly income is greater than \$1,809 and gross monthly income minus the following monthly expenses is less than or equal to \$591.67: <ul style="list-style-type: none"> <li>• Work related expenses</li> <li>• Health insurance premiums, and</li> <li>• Medical remedial expenses (including cost of waiver services)</li> </ul>	\$2000. If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000).	Yes.
CIP-1A	Medicaid non-financial eligibility	Long-term Care Functional Screen Eligibility Developmentally Disabled Level 1, 2 or 3.	Yes, if monthly income minus deductions is above \$783, but at or below \$1,809.	Yes, if gross monthly income is greater than \$1,809 and gross monthly income minus the following monthly expenses is less than or equal to \$591.67: <ul style="list-style-type: none"> <li>• Work related expenses</li> <li>• Health insurance premiums, and</li> <li>• Medical remedial expenses (including cost of waiver services)</li> </ul>	\$2000. If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000).	Yes.
CIP-1B	Medicaid non-financial eligibility	Long-term Care Functional Screen Eligibility Developmentally Disabled Level 1, 2 or 3.	Yes, if monthly income minus deductions is above \$783, but at or below \$1,809.	Yes, if gross monthly income is greater than \$1,809 and gross monthly income minus the following monthly expenses is less than or equal to \$591.67: <ul style="list-style-type: none"> <li>• Work related expenses</li> <li>• Health insurance premiums, and</li> <li>• Medical remedial expenses (including cost of waiver services)</li> </ul>	\$2000. If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000).	Yes.
BI Waiver	Medicaid non-financial eligibility	Level of care as determined by BLTS	Yes, if monthly income minus deductions is above \$783, but at or below \$1,809.	Yes, if gross monthly income is greater than \$1,809 and gross monthly income minus the following monthly expenses is less than or equal to \$591.67: <ul style="list-style-type: none"> <li>• Work related expenses</li> <li>• Health insurance premiums, and</li> <li>• Medical remedial expenses (including cost of waiver services)</li> </ul>	\$2000. If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000).	Yes
Institutional MA	Medicaid non-financial eligibility	Level of Care = Developmentally Disabled level 1,2 or 3; Intermediate Care Facility 1, 2; Skilled Nursing Home or Intensive Skilled Nursing as determined by the Bureau of Quality Assurance.	Yes, after allowance for certain expenses, e.g. health insurance premiums, support obligation, personal needs allowance, etc.	No.	\$2000. If spousal impoverishment protections apply, community spouse asset share: \$99,540 maximum (plus \$2000).	No.

5. Allowable Services and Living Arrangements	Allowable Services	Allowable Living Arrangements
Non-Institutional Medicaid (Fee-for-service or card services, including Katie Beckett Program)	All Medicaid acute and primary care services.	Enrollment in Medicaid services is not dependent on living arrangement. However, some services are not separately reimbursed if the service is included in an institutional rate.
FSP	Funds are flexible; service coordinator works with family to develop a Needs Assessment and Plan. Funding up to \$3,000 per year can be used for: architectural modification, child care, counseling and therapeutic resources, dental and medical care not otherwise covered, specialized diagnoses, specialized diet, nutrition, and clothing; specialized equipment; homemaker services; in-home services and attendant care; home training and parent courses; recreation and alternative activities; respite care; transportation; specialized utility costs; vehicle modification; other goods and services as approved.	Funds may not be used to provide goods and services to a child in an out-of-home placement, except that funds may be used up to 6 months in advance of a child's planned return home as necessary to facilitate that return.

5. Allowable Services and Living Arrangements, Cont'd	Allowable Services	Allowable Living Arrangements
CLTS	<p>Card services except case mgt. (which is covered by the waiver). Services specified in approved waiver include:</p> <div> <div> -Adaptive Aids  -Adult Family Home (after 18)  -Child Care &amp; Foster Care (exceptional costs)  -Communication Aids  -Consumer Education &amp; Training  -Consumer &amp; Family Directed Support  -Counseling &amp; Therapeutic Resources  -Daily Living Skills Training  -Home Modifications </div> <div> -Intensive In-Home Autism Treatment Services  -Personal Emergency Response System  -Respite Care  -Specialized Medical &amp; Therapeutic Supplies  -Specialized Transportation  -Support &amp; Service Coordination  -Supported Employment  -Supportive Home Care </div> </div>	<p>A house, apartment, condominium, rooming with the participant's natural or adoptive relative (i.e. aunt/uncle, grandparent))  A licensed child foster home  A licensed child treatment foster home</p>
COP	Any services, equipment, or adaptive aid the person needs to remain safely in the community including assessment, care planning and care management, substitute care (including room and board). Counties may limit scope of service coverage with COP funds.	<p>-Natural residential settings  -Adult Family Homes (licensed or certified)  -CBRFs consisting entirely of independent apartments  -Community Based Residential Facilities (CBRFs) up to 20 beds; over 20 beds with a variance.</p>
COP-W	<p>Card services except Medicaid case management (which is covered by the waiver). Approved waiver services include:</p> <div> <div> -Care Management  -Service Coordination  -Supportive Home Care  -General &amp; Inst. Respite Care  -Daily Living Skills Training  -Substitute Care (excludes room &amp; board)  -Nursing Services  -Personal Emergency Response System  -Financial Management Services  -Communication Aids, Interpreter Services &amp; Adaptive Equipment  -Medical Supplies </div> <div> -Employment Services (excludes job coaching &amp; sheltered workshops)  -Housing Costs for Nursing Home Relocations  -Day Services  -Adult Day Care  -Housing Modifications  -Transportation  -Home Delivered Meals  -Counseling &amp; Therapy Services  -Personal Care </div> </div>	<p>-Natural residential settings.  -Adult Family Homes (licensed or certified)  -CBRFs consisting entirely of independent apartments  -CBRFs up to 20 beds; over 20 beds with a variance.  -Certified RCACs.</p>
CIP-1A	<p>Card services except case mgt. (which is covered by the waiver). Services specified in approved waiver include:</p> <div> <div> -Adult Day Care  -Respite Care  -Institutional Respite  -Supportive Home Care  -Day Services—Case Mgt/Service Coordination  -Pre-Vocational Services  -Daily Living Skills Training  -Personal Emergency Response System  -Counseling &amp; Therapeutic Services </div> <div> -Supported Employment (excludes supported employment/pre-vocational services for diverted persons)  -Community Aids  -Home Modification  -Adult Family Home  -Adaptive Aids  -CBRF  -Children's Foster Home  -Transportation </div> </div>	<p>-Natural residential settings.  -Community based substitute care up to 4 beds (with waivers, up to 8 beds for adults)</p>
CIP-1B	Same as CIP-1A.	<p>-Natural residential settings.  -Community based substitute care up to 4 beds (with waivers, up to 8beds for adults)</p>
BI Waiver	<p>Card services except case management (which is covered by the waiver). Services specified in the approved waiver include:</p> <div> <div> -Case Management  -Supportive Home Care  -Respite Care  -Adult Day Care  -Prevocational Services  -Home Modification  -Personal Emergency Response System—Communication Aids  -Counseling &amp; Therapeutic Resources </div> <div> -Alternate Living Arrangements (Adult Family Home, CBRF, Children's Foster Home)  -Daily Living Skills Training  -Day Services  -Transportation  -Institutional Respite  -Supported Employment  -Adaptive Aids </div> </div>	<p>-Natural residential settings  -Community based substitute care up to 4 beds (with waivers up to 8 beds for adults).</p>